

MARK YOUR CALENDARS AND RESERVE YOUR SPACE

**DON'T MISS OUT
ON THIS VALUABLE
TRAINING.**

About US:

We educate and provide technical assistance to healthcare providers and communities on designation process and benefits and on how to get your area or facility designated as medically underserved. For more information please contact the following program staff:

Pat Coyle (916) 654-2990
Sondra Jacobs (916) 651-6224
Hardeep Lal (916) 654-1433

14th Annual Health Professional Shortage Area (HPSA) and Medically Underserved Area/ Population (MUA/MUP) Designation Training.

Holiday Inn Express
2290 Market Place Drive
Madera, CA 93637

Toll Free Reservations (888) 465-4329
Hotel Front Desk: (559) 661-7400

Special room rate of \$84.95 per night if
reserved before September 25, 2006.

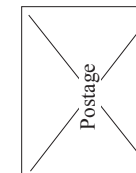
Note: Reserve under the 'OSH' group

Training Highlights:

- Learn how to prepare and submit an application for HPSA or MUA/MUP designation.
- Discover the benefits of having a HPSA or MUA/MUP designation.
- Receive one-on-one application assistance.
- Learn the differences between a Geographic, Low-Income, or Facility HPSA, and MUA or MUP designation. Which one is best for you?

Designation Benefits (not limited to):

- 10% Medicare incentive payments for physician services.
- Health professional placement and retention through state and federal scholarship and loan repayment programs.
- Rural Health Clinic Certification
- New State/Expansion Program
- Federally Qualified Health Center Look-Alike (FQHC LAL)



Office of Statewide Health Planning and Development
Healthcare Workforce & Community Development Division
1600 Ninth Street, Room 440
Sacramento, CA 95814

Attn: Pat Coyle



RSVP by October 6, 2006
one of three ways

- Mail the attached postcard
- Fax the attached postcard to (916) 654-3138
- E-mail the information to pcoyle@oshpd.ca.gov



☐ YES, I plan to attend the HPSA and MUA/MUP Designation Training on Thursday, October 26, 2006 (9am-4pm) and Friday, October 27, 2006 (9am – 4pm)

Attendees Name: _____

Professional Title: _____

Organization: _____

Address: _____

Phone Number: _____

E-mail Address: _____

☐ NO, I cannot attend. ☐ Please forward training materials (Please complete information above.)

RSVP NOTICE

pdqiso
Healthcare Workforce & Community Development Division
1600 Ninth Street, Room 440
Sacramento, CA 95814

14th Annual HPSA & MUA/MUP Training

California Cooperative
Agreement
Shortage Designation
Program



October 26 & 27, 2006